



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

2004 MAY 19 PM

FILER ID
200493230

☒ Initial Application

☐ Amended Application

NAME OF CANDIDATE Peggy Toomey Hamman		OFFICE SOUGHT (include Legislative District, if applicable) LD 2 Representative		
ADDRESS (NUMBER & STREET) 24 S. NAVAJO DR		CITY PAGE	STATE AZ	ZIP 86040
MAILING ADDRESS (if different from above) POB 4683		CITY PAGE	STATE AZ	ZIP 86040
CANDIDATE'S TELEPHONE # 623-551-3159	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRESS toomeypeggy@aol.com		
CANDIDATE'S PARTY AFFILIATION (if any) DEMOCRAT				
NAME OF CANDIDATE'S COMMITTEE HAMMANN FOR LEGISLATURE DISTRICT 2				
COMMITTEE'S ADDRESS POB 4683		CITY PAGE	STATE AZ	ZIP 86040
COMMITTEE'S PHONE # 623-551-3159	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDRESS toomeypeggy@aol.com		
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) na				
DESIGNATED INDIVIDUAL'S ADDRESS na		CITY	STATE	ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE # na	DESIGNATED INDIVIDUAL'S FAX # na	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS na		
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).				

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date